

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD PHARMACY CLOSING AFFIDAVIT

PLEASE TYPE OR PRINT IN INK.	
Closing Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Choose Type: <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Out of Business <input type="checkbox"/> Change of Location <input type="checkbox"/> Remodel	
Pharmacy: <input type="text"/>	Managing Pharmacist: <input type="text"/>
Address: (street, city, state, zip) <input type="text"/>	Managing Pharmacist's License #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 40
Pharmacy License # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 42	Contact Daytime Telephone Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ALL NON-CONTROLLED PRESCRIPTION DRUGS REMOVED FROM PREMISES AND RECEIVED BY:	TRANSFERRED PRESCRIPTION FILES TO:
Name: <input type="text"/>	Name: <input type="text"/>
Address: (street, city, state, zip) <input type="text"/>	Address: (street, city, state, zip) <input type="text"/>
License #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 40	License #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 40

ALL CONTROLLED DRUGS SUBJECT TO FEDERAL CONTROLLED SUBSTANCES ACT DISPOSED OF IN ACCORDANCE WITH 21 CFR 1307.21.	
TRANSFERRED TO:	
Name: <input type="text"/>	FED. CSA REG. #: <input type="text"/>
Address: (street, city, state, zip) <input type="text"/>	DEA Form #222: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Final Inventory: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Date of Transfer: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

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ANSWER THE FOLLOWING QUESTIONS: (attach additional sheet(s) if necessary)

1.	Removed all drug signs and all symbols, insignia, etc., indicating the presence of a pharmacy. <u>For out-of-business pharmacies only, not required for remodel requests.</u> If yes, date: / / 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2.	Informed the telephone company in writing to remove all listings from the classified telephone directory. A copy of the letter is attached. <u>For out-of-business pharmacies only, not required for remodel requests.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3.	Discontinued use of checks, stationery, wrapping paper, bags, etc., containing the words drugs, pharmacy, etc., or symbols indicating the operation of a pharmacy or the sale of drugs. <u>For out-of-business pharmacies only, not required for remodel requests.</u> If yes, date: / / 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4.	Current pharmacy renewal license is enclosed. <u>For out-of-business pharmacies only, not required for remodel requests.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5.	Forward a copy of this affidavit, DEA Certificate of Registration, and any unused DEA Form 222 Order Forms to: DEA, Attn: Registration, 230 S. Dearborn St., # 1200, Chicago, IL 60604. <u>For out-of-business pharmacies only, not required for remodel requests.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

CERTIFICATION OF MANAGING PHARMACIST:

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

Signature

 / /

Date